

LFIR # 2078

| 1. Project Title | Hillsborough Cou | unty Baker Act Be | ed Restoration | | |
|--|-----------------------|-------------------|--|-----------------------|-------------------------|
| 2. Senate Sponsor | Jim Boyd | | | | |
| 3. Date of Request | 01/07/2022 | | | | |
| 4. Project/Program De | escription | | | | |
| Hillsborough County | in a recent legislati | ve session. The | crisis stabilization unit need for these beds is provided a daily averag | overwhelming. While | e currently (recurring) |
| 5. State Agency to re- | ceive requested fu | nds Depart | ment of Children and F | amilies | |
| State Agency conta | ected? No | | | | |
| 6. Amount of the Noni | recurring Request | for Fiscal Year 2 | 2022-2023 | | |
| Type of Funding | | | Amo | ount | |
| Operations | | | | 1,596,331 | |
| Fixed Capital Outlay | , | | | 0 | |
| Total State Funds I | | | | 1,596,331 | |
| | • | | | | • |
| 7. Total Project Cost f | or Fiscal Year 2022 | 2-2023 (includin | g matching funds ava | ailable for this proj | ect) |
| Type of Funding | | | Amount | Percentage | |
| Total State Funds Requested (from question #6) | | | 1,596,331 | 100% | |
| Matching Funds | | | | | |
| Federal | | | 0 | 0% | |
| State (excluding the amount of this request) | | | 0 | 0% | |
| Local | | | 0 | 0% | |
| Other | | | 0 | 0% | |
| Total Project Costs | for Fiscal Year 20 | 22-2023 | 1,596,331 | 100% | |
| 8. Has this project pro | eviously received s | state funding? | Yes | | |
| Fiscal Year | Amo | ount | Specific | Vetoed | |
| (уууу-уу) | Recurring | Nonrecurring | A | | |
| 2021-22 | 0 | 1,500,0 | | No | |
| 9. Is future funding lil | volv to be requeste | M2 | Yes | | |
| • | | | | |] |
| a. If yes, indicate n | _ | | 1,596,331 | | |
| | | t can be used in | n lieu of state funding | • | 1 |
| Possible federal do | llars. | | | | |
| 10. Has the entity req | uesting this projec | t received any f | ederal assistance rel | ated to the COVID- | 19 pandemic? |
| Yes | | | | | |
| If yes, indicate the | amount of funds r | eceived and wh | at the funds were use | ed for. | |



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\$1,046,600 – PPP funds used for payroll; \$4,560 – HHS Stimulus used for operating; \$43,783 – HHS Stimulus used for operating; \$150,000 – Hillsborough used for technology

11. Details on how the requested state funds will be expended

| Spending Category | Description | Amount | | | |
|---|--|-----------|--|--|--|
| Administrative Costs: | | | | | |
| Executive Director/Project Head Salary and Benefits | | 0 | | | |
| Other Salary and Benefits | | 0 | | | |
| Expense/Equipment/Travel/Supplies/ Other | | 0 | | | |
| Consultants/Contracted Services/Study | | 0 | | | |
| Operational Costs: Other | | | | | |
| Salary and Benefits | Salary and benefit cost of direct service personnel required to staff the 13 indigent CSU beds. Includes Behavioral Health Tech, Nursing and Psychiatrist services as required by statute. | 1,347,782 | | | |
| Expense/Equipment/Travel/Supplies/ Other | Supplies, Facility Insurance, Meals, Medications, Pharmacy. | 248,549 | | | |
| Consultants/Contracted Services/Study | | 0 | | | |
| Fixed Capital Construction/Major Renovation: | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | |
| Total State Funds Requested (must equal total from question #6) | | | | | |

12. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Reduce more costly admissions to state hospitals. Allow for immediate CSU admissions versus the utilization of Emergency Rooms and LIP dollars. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint and Northside supports the statewide system of care by managing re-entry and follow up services designed to reduce recidivism rates

b. What activities and services will be provided to meet the intended purpose of these funds?

The funds will support a total of 13 additional Indigent Baker Act beds which were cut from Hillsborough County in recent legislative session. The need for these beds is overwhelming. While currently only funded for 37 indigent Baker Act beds, Gracepoint provided a daily average of 35.48 uninsured beds this year. Additionally, Northside provided an average of 3 beds a day which were reimbursed while being unable to accept an average of another 4 indigent bed requests from local hospitals.

c. What direct services will be provided to citizens by the appropriation project?

The funding for the beds will create capacity for an annual total of 4,475 bed days, serving an estimated 1,581 patients. The DCF has identified the following as a statewide Baker Act need: 717 Baker Act beds are needed to meet the standard of 1 bed per 10,000 population. To ensure access to this crisis service and maintain the current proportion of state funded beds, funding for an additional 315 beds is justified.

d. Who is the target population served by this project? How many individuals are expected to be served?

Persons with poor mental health. The funding for the beds will create capacity for an annual total of 4,475 bed days, serving an estimated 1,581 patients.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?



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f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Penalties would be reduction of funding specific to actual beds utilized.

| 13. | The owners of the facility | y to receive, directl | y or indirectly | , any fixed capital | outlay funding. | Include the |
|-----|----------------------------|-----------------------|-----------------|---------------------|-----------------|-------------|
| | relationship between the | owners of the faci | lity and the en | tity. | | |

| N/A | |
|-----|--|
| N/A | |



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| 14. Ke | questor Contact | Informat | ion | | | | |
|---------|---|---|-----|-----------|------------|--|--|
| a. I | First Name | Joe | | Last Name | Rutherford | | |
| b. (| Organization | Gracepoint/Northside Mental Health | | | | | |
| c. i | E-mail Address | jrutherford@gracepointwellness.org | | | | | |
| d. I | Phone Number | (813)932-5619 Ext. | | | | | |
| 15. Re | 15. Recipient Contact Information | | | | | | |
| a. (| Organization | Central Florida Behavioral Health Network(CFBHN Managing Entity) | | | | | |
| b. I | b. Municipality and County Hillsborough | | | | | | |
| с. С | c. Organization Type | | | | | | |
| | IFor Profit Entity | For Profit Entity | | | | | |
| ☑ | INon Profit 501(c | Profit 501(c)(3) | | | | | |
| | INon Profit 501(c | (c)(4) | | | | | |
| | Local Entity | | | | | | |
| | University or Co | ersity or College | | | | | |
| | □Other (please specify) | | | | | | |
| d. I | First Name | Joe | | Last Name | Rutherford | | |
| e. I | E-mail Address | jrutherford@gracepointwellness.org | | | | | |
| f. P | hone Number | | | | | | |
| 16. Lol | 16. Lobbyist Contact Information | | | | | | |
| a. I | Name | Melody Selis Arnold | | | | | |
| b. I | Firm Name | RSA Consulting Group LLC | | | | | |
| c. I | E-mail Address | melody@rsaconsultingllc.com | | | | | |
| d. l | Phone Number | (386)547-1197 | | | | | |